

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0006395925** File Number: **0000094727** Submit Date: **01/02/2020** Call Sign: **KGSF** Facility ID: **92987** City

HUNTSVILLE State: AR

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 01/02/2020 Filing Status: Active

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	Combined EEO Report for KGSF, KIMW & WWUN
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CALVARY CHAPEL OF TWIN FALLS, INC. Doing Business As: CALVARY CHAPEL OF TWIN FALLS, INC.	P.O. BOX 391 TWIN FALLS, ID 83303 United States	+1 (208) 734- 6633	scott@csnradio. com	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Scott Spencer Application Technician Calvary Chapel of Twin Falls, Inc.	Scott Spencer PO BOX 391 TWIN FALLS, ID 83303 United States	+1 (208) 733- 3133	Scott@CSNRADIO. COM	Technical Representative
Cary S. Tepper Communications Counsel Tepper Law Firm, LLC	Cary S. Tepper 4900 Auburn Avenue Suite 100 Bethesda, MD 20814- 2632 United States	+1 (301) 718- 1818	tepperlaw@aol.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
16523	WWUN-FM	FRIAR'S POINT	MS	No
191575	KIMW	HEFLIN	LA	No
92987	KGSF	HUNTSVILLE	AR	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No

full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Full-time Employees		Yes
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Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	01/02 /2020
Certified Title	President
Authorized Party Name	Michael Kestler

Attachments

No Attachments.